

POSITION	INITIALS	ID NO.	DATE
	SP		10/10/01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			17/1
FORMALITY REVIEW	6/6	1073	19/5/01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-appeal  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
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39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
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Original	
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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